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Citation for published version:

Cree, V 2009, The Changing Nature of Social Work. in R Adams, L Dominelli & M Payne (eds), *Social Work. Themes Issues and Critical Debates*. 3rd edn, Palgrave Macmillan, Basingstoke, pp. 20-29.
<<http://www.palgrave.com/page/detail/social-work-themes-issues-and-critical-debates-robert-adams/?K=9780230218659>>

Link:

[Link to publication record in Edinburgh Research Explorer](#)

Document Version:

Peer reviewed version

Published In:

Social Work. Themes Issues and Critical Debates

Publisher Rights Statement:

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The Changing Nature of Social Work

Chapter by Vivienne E. Cree

To be published later this year or early 2009 in Adams, R., Dominelli, L. and Payne, M. (eds) *Social Work. Themes Issues and Critical Debates*, 2nd edition, Basingstoke, Palgrave Macmillan.

Introduction

The earlier edition of this chapter, published in 2002, acknowledged that social work had changed beyond recognition, and was still changing. The jobs which social work students had trained for twenty years before had all but gone; the agencies which employed them had been transformed. Widespread regional differences were emerging in policy and practice in social work; what countries shared, I argued, was a new commitment to the monitoring, regulation and control of social workers and social work. In my customary optimistic way, I stated that there were opportunities as well as constraints in the new world of social work, and that continuities remained, demonstrating that the central function and purpose of social work had not changed. This is now a good time to review the changing nature of social work again, not only looking at the changes which had taken place up to 2002, but the transformation which has taken place in social work since then. By charting some of the key developments, we can envisage a social work service in the future which, I believe, may look rather different in terms of its organisation and structures, but which is still built on fundamental social work skills and values.

The chapter will focus on changes taking place in social work in the UK, while setting these in the context of European and global developments. I will argue that change is taking place across three broad fronts, political, organisational and individual.¹ Threading through these changes are a particular set of discourses - ideas and practices - which determine what social work is and should be, and what society is and should be. These are not, of course, peculiarly UK discourses. Similar debates are taking place within social work in the United States and in Europe, and here similar - and sometimes different - resolutions have been found.

Political changes

Political changes have transformed Europe in the last 20 years. The break-up of the former Soviet Union in 1991 led to new alliances and the formation of new nation-states. In the UK, political change was expressed in the drive for a form of devolution within the current constitutional settlement, as well as a concerted effort to achieve a peaceful resolution to the long-running 'Troubles' in Northern Ireland.

In 1999, the first elections to a Scottish Parliament and to the National Assembly for Wales were held, marking a culmination of years of campaigning for some kind of constitutional change in Scotland and Wales. In Scotland, devolution was not simply understood as an exercise in administration. It was charged with a mission to bring about real changes in Scottish society: to 'promote social welfare', as promised in the Social Work (Scotland) Act of 1968. The actual management of the new constitutional settlement suggests something rather less ambitious in scope. Some matters which have great significance for social work and for society (notably social security and employment) remain 'reserved' ones: they apply to the UK as a whole and are dealt with by the UK government based at Westminster. The UK parliament

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continues to have power over the constitution, foreign policy, defence, the UK fiscal and economic system, common markets, employment legislation, social security, transport safety and regulation and other areas which are subject to regulation by the UK or Great Britain. Some matters remain devolved issues. The Scottish parliament has powers to make primary legislation on a wide range of devolved matters including social work, health, education, housing, criminal law, prisons, police and fire services, food standards, sport, arts and local government. The Welsh Assembly has neither tax raising powers nor full law-making powers. It does, however, handle around hundreds of pieces of secondary legislation each year. Political changes in Northern Ireland have been longer in coming, and have been the focus of much activity in recent years. The so-called 'peace process' began in 1994 with the Provisional Irish Republican Army (IRA) ceasefire. From this time on, determined efforts were made to reach a political settlement between the UK government and politicians North and South of the border. This was not a straightforward process. Serious acts of violence and atrocities were committed at various points along the way, and as a result, early attempts to bring a form of self-government to Northern Ireland broke down. Devolution was finally achieved for the Northern Ireland Assembly on Tuesday 8 May 2007, following the election of a four-party Executive of 12 ministers. The Northern Ireland Assembly is now widely regarded to be working well; a new committee for Health, Social Services and Public Safety undertakes a scrutiny, policy development and consultation role with respect to the Department of Health, Social Services and Public Safety and plays a key role in the consideration and development of legislation.²

The new constitutional arrangements across the UK have been the subject of much debate. Critics point out that devolution took place within the context of strong, centralising government, and was only ever intended to be partial. It is claimed that devolution was principally an exercise in regulation; it was 'a way of ensuring that local authorities perform up to the centre's standards' (Jordan 2000: 68). But, writing as someone who has lived through the changes in Scotland, I believe that the impact of devolution has been more than this. The creation of a parliament in Scotland brought with it a new confidence in the idea that Scotland might develop its own approaches. The advent of a degree of proportional representation in the new structures has also led to the arrival of new voices within the devolved structures, including the voices of more women. So, for example, although only 20 per cent of UK Members of Parliament (MPs) are women, 40 per cent of members of the Scottish parliament are women, as are 50 per cent of the National Assembly for Wales (EOC 2007). Decision-making has also been made more transparent by the introduction of committees with 'lay' (non politician) representation; politicians from all sides of the political spectrum have demonstrated commitment to consultation and participation. Devolution in government has led to devolution of power in other areas too, so that large UK voluntary organisations such as Barnardo's followed the lead of the UK government in introducing greater autonomy for their Welsh and Scottish offices.

The new constitutional arrangements in the UK have led to the possibility of greater diversity of approaches towards social care. There are, however, developments taking place on a global scale which are more likely to lead to convergence, not just within the UK, but within industrialised countries as a whole. The impact of economic organisation on an international scale has been that individual countries can no longer function as closed societies, if this was ever truly possible. Decisions taken at international level govern the capacity of individual countries to act in all spheres of

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life, political, economic and social. This can have positive spin-offs for countries and individuals within them. For example, the adoption of the UN Convention on the Rights of the Child in 1989 led to important changes in legislation and child care practice in all the member states which have signed the declaration.³ Similarly, the European Convention on Human Rights has led to major re-alignments within the organisation of social and legal affairs in the UK, as demonstrated by the enforcement in October 2000 of the Human Rights Act 1998.⁴

But the effects of globalisation are not always experienced as benign. The benefits of globalisation increasingly flow directly into the global market and no longer serve to create jobs or augment tax revenue in the countries where the activities originated (Adams 2000; Barrell, Guillemineau and Liadze 2006). In consequence, even within the European community, members compete with one another 'as global, economic and technical rivals' as globalisation generates new opportunities for 'both competition and harmonisation across increasingly fragile national boundaries' (Adams 2000: 1). The influx of migrants to the UK from the former Eastern Europe countries demonstrates the reality of this. Over 200,000 workers from the 'A8 countries' (the Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia and Slovenia) came to the UK in 2005 and again in 2006, filling gaps in the labour market, particularly in business and management, administration, hospitality and catering, agriculture, and the food manufacturing industries and contributing to the success of the UK economy. Meanwhile, the migrants' countries of origin have experienced serious labour shortages and the loss of younger adults to provide informal care for their elderly relatives (Home Office 2007).

Organisational changes

Changes at an organisational level in the UK reflect the changes that have been taking place across Europe. The mechanism of the market – familiar in US social services for many years - was introduced in the late 1990s throughout public sector agencies: social services, transport, higher education and the health service. Statutory social work agencies saw the creation of a split between 'purchaser' and 'provider' roles, and the introduction of charges for services, the contracting-out of services and the promotion of competition between the statutory, voluntary and private sectors (Pinkney 1998: 263). The Labour government which came to power in May 1997 began with an agenda for change: for what was described as 'modern', 'joined up' government, with national strategies for combating issues such as social exclusion and unemployment. But for all the rhetoric of change, the government continued the previous Conservative administration's strategies of ever-tighter control of public spending, increasing involvement of the private sector in public services, and intensifying regulation, inspection and centralised control of social work and social workers. And it was legislation which proved to be the mechanism through which changes in policy and practice have been managed, as the government led a whole programme of legislation affecting work with adults, children and families and offenders (see, for example, the 2004 Children Act and the Department of Health 2006).

The third way for social care: modernising services

The government White Paper, *Modernising Social Services* (1998) set the scene for the future direction of social work and social services in the UK. The stated driving force behind the White Paper was the urgent need for change; social services were accused of 'failing to provide the support that people should expect' (1998: 5). The recommendation was for a 'third way for social care': one which would promote

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independence, improve consistency, ensure equality of opportunity to children (especially in relation to education), protect adults and children from abuse or neglect in the care system, improve standards in the workforce, and improve delivery and efficiency. This was to be achieved principally through the reorganisation of social work services and through greater scrutiny and control of social work and social workers. A key priority of government was to seek to break down the organisational barriers which existed between services and create 'new shared ways of delivering services that are individually tailored, accessible and more joined up' (Department of Health 2000: 30). New partnerships were encouraged, with users and carers, between health and social care, across the local authority (between housing and education), and with private and voluntary sector agencies. Health and social care services were early targets for change, as outlined in the Health Act 1999 and taken forward in the Health and Social Care Act 2001. There has been considerable debate about the eventual outcome of these changes. Some commentators have foreseen the end of social work; it is suggested that the profession would simply be swallowed up by its larger, and more powerful partners in the field of health and education. Others suggest that the organisational changes have the potential to benefit service users, if they lead to more multi-disciplinary working and greater co-ordination of service delivery (Bywaters and McLeod (2001). In reviewing the changing scene, Morris (2008) acknowledges that some multi-agency working rests heavily on the role of social work, but, she argues, there are tensions too, particularly around the pressures on social work to develop new skills and practices, as well as the need for social work to consolidate its identity vis-à-vis other professions.

Statutory services are not the only agencies which have demonstrated new joined up thinking. The call for change was also for new partnerships between statutory, voluntary and private sectors, as well as between agencies, service users and their carers. The voluntary sector in the UK has always been a key provider of social work services, and increasingly, the private sector is also making contribution to services, particularly for older people and those with mental health problems (Lewis 1996). New multi-agency groupings have been formed to manage services (such as the new Care Trusts for health and social care). Perhaps even more significantly, the private sector is being invited to fund key statutory services, including aspects of education and health services. The consequences of this are, as yet, unknown, but critics assert that corporate cultures are the exact opposite of the idea of 'public' service. Lessons from social work in the US gives credence to such a view. In 2000, Meinert et al argued that the public sector was increasingly being co-opted by the private sector, through the managed health care movement. Reviewing the situation again in 2005, Clark and Woods-Waller note that all social programmes in the US are under attack. One of social workers' responses has been to mount a highly visible public education campaign as a way of 'selling' the importance of social work.

Modernising is, of course, about more than joined up services. Modern social work also means the increasing use of information technology for managing information and service user data, and for controlling the workforce; for communication and for web-based enquiries. Social workers today use computers for a wide range of service-related activities, from accessing research databases to inputting service user details. Again, this development is not without consequences, which might be both positive and negative, as social work practitioners struggle to apply applications and computer programmes which are not always either easy-to-use or even fit for purpose (Cree and Davis 2007; Burton and van den Boek 2008). While bringing the possibility of easier communication and the creation of new social networks,

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information technology has brought also with it the capacity for surveillance and control to a degree unthinkable in the past. Networked computer systems, electronic 'tagging' and DNA screening bring ever more sophisticated ways in which the 'disciplinary society' can 'police' its members (Foucault 1977). More fundamentally, Meinert et al argue that the increasingly elaborate forms of micro-technologies available to ever-larger numbers of human professionals has 'eroded the centrality of face-to-face conduct' (2000: 62). This will be considered further as we explore individual changes.

Regulation and inspection

Organisational change is evident in the explosion of different ways of measuring and directing standards in social work and social care, targeted at both services and service providers. This process began with the introduction of 'performance indicators' to a large number of social service functions, and the creation of new service frameworks and targets for measuring 'Best Value' outcomes. The Best Value regime, introduced in April 2000, replaced compulsory competitive tendering in local government, compelling social services to scrutinise the services they provide and justify their effectiveness and efficiency. In April 2002, inspection and regulation units previously run by local authorities transferred to new non-departmental public bodies answerable directly to central government. The National Care Standards Commission (NCSC) is responsible for the inspection and regulation of almost all forms of residential and domiciliary care in England, including care homes, children's homes, nursing agencies, schools, adoption and fostering agencies, and private and voluntary hospitals. Similar arrangements exist in Scotland, with the Scottish Commission for the Regulation of Care (SCRCC) and in Wales, with the Commission for Care Standards (CCS).

While social work practice has become more regulated, so new arrangements have been put in place for the regulation of service providers (social workers and social care personnel) and social work training. The Care Standards Act 2000 and Regulation of Care (Scotland) Act 2001 required that all qualified social workers should be registered. Social workers were invited to register from April 2003, then from 2005, the title of 'social worker' was protected for the first time, so that only those with an 'entitling qualification' (set at degree level) could call themselves social workers. Registration became increasingly important as social work in the UK moved closer to other professional groups, all of whom had been registered professions for many years; the first professional body to be registered in the UK was the General Medical Council, which had been formed as a result of the 1858 Medical Act. The question was inevitably asked: if doctors, teachers, health visitors and psychiatric nurses were registered, why not social workers? Four new social work registration bodies were instituted in 2002: the General Social Care Council in England (GSCC), accountable to the Secretary of State for Health; the Scottish Social Services Council (SSSC), accountable to the Scottish Parliament; the Cyngor Gofal Cymru/Care Council for Wales (CGC/CCW), accountable to the National Assembly for Wales; and the Northern Ireland Social Care Council (NISCC).

Alongside registration for social workers in the UK came the upgrading of the social work qualification from a two-year diploma to a three 'Honours' degree (four years in Scotland). The new degree was introduced in 2003 in England and in 2004 in the rest of the UK. In keeping with the 'modern' agenda, its standards and requirements are set in the context of the National Occupational Standards for Social Work, which offers a set of descriptions of the functions of social workers. The standards were

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developed from a detailed analysis of what social workers do through consultation with employers and practitioners and they include service users' own statements of their expectations of social workers. New statutory Codes of Practice for Social Care (Social Service) Employers and Employees have also been incorporated into the National Occupational Standards. They are for all kinds of social workers, statutory or independent sector-based, working for health, education or for social services (and from justice agencies in Scotland), regardless of whom their service users are (Cree and Myers 2008: 6).

The pressure for these changes was both internal and external. Professional associations and social work educationalists had campaigned for many years for change which, they believed, would lead to the upgrading the profession of social work. The growing service user and patient lobby had, similarly since the 1980s, pressed for improvements in the training and practice of social workers; registration became one part of this wider programme of demands for reform (Beresford and Croft 2004). At the same time, membership of the European Union had brought with it free movement of workers between member states, and in this way, drew attention to the different educational requirements for social workers across Europe. While the minimum requirement for a social worker in other parts of Europe was an undergraduate degree of three years, the UK two-year diploma looked increasing out of step. The increasing movement of workers has also had an influence, as social work agencies in the UK have sought to fill vacancies by recruiting staff from developing countries, and from other English-speaking countries, notably Australia and New Zealand. In consequence, employers had to find new ways of regulating the workforce, for the safety and protection of all.

All these developments have the potential to provide positive outcomes for social service delivery. Standards in the workforce may improve, as social workers develop methods and systems which are based on good practice, rather than local custom. The so-called 'postcode lottery' may be less apparent, as those using services become more aware of the services they should expect, and as services become more standardised across the UK. Again, those using services may feel some reassurance that those working with them are trained at degree-level and registered to do the job. But there is an undercurrent running beneath these developments which suggests that a more circumspect approach should be taken. The increasing regulation and inspection is very 'top-down'; it is an exercise in government, not peer control, and the centralised monopoly of power may have a detrimental effect on local autonomy and accountability. It also implies more surveillance and external management of social workers and social work education. This is, in large measure, a response to the 'risk society' (Beck 1992). The realities of risk and uncertainty are managed by the introduction of new systems for organising professional practice and new mechanisms for predicting future risks and their potential negative outcomes. The end-result is that the social work task becomes increasingly broken down into discrete units which can be measured and controlled. The push within social work towards 'evidence-based' practice similarly seeks to provide answers in a world which is increasingly complex and uncertain (Webb 2001; 2006).

Individual changes

Just as social work has been transformed by constitutional and organisational changes, so there have been important changes at the individual level, at the level of service users and service providers.

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Increasingly, social work 'clients' have become 'customers', and the introduction of direct payments has given service users much more power over the nature of the services they receive, transforming the role of social worker to that of adviser and facilitator. This has been experienced extremely positively by those using services and their carers. So-called 'personalisation' means that support services can be organised in ways which are user, not provider, or agency led (Leece and Bornat 2006; Priestley et al 2007). Meanwhile, many social workers have become budget-holders: they work as care managers, assessing need and arranging packages of care; a small number have become inspectors regulating standards in care. This process has been referred to as the 'McDonaldisation' of welfare (Powell 2001). The settings in which social workers are located have also changed. They are as likely to be working in a GP surgery, school or hospital, as in a local authority social work or social service department, and their colleagues in the future will be nurses, health visitors, occupational therapists and teachers as well as social workers. Some social workers have 'jumped ship' altogether, leaving the statutory sector to become care providers in the voluntary or private sectors. Interestingly, this plurality of identity is much closer to a European model, where social workers are more likely to be scattered among a range of central and local government agencies and civil society organisations (Lorenz 1994; Campanini and Frost 2004).

Social workers have experienced the changes in a variety of ways. Some have described feeling high levels of anxiety and pressure, as they strive to maintain the social work role in the face of challenges from other care professionals, such as occupational therapists, district nurses and community psychiatric nurses. Others have complained that they can no longer use their social work skills as they would wish. There are simply too many forms to complete; and practitioners struggle to maintain individual discretion and creativity in their work. The reality of this was explored by Cree and Davis' (2007) study of social work 'voices from the inside'. This study did not shy away from criticising aspects of social work practice which were seen as negative and perhaps even damaging, to service users and social workers alike. But it also demonstrated the resilience of practitioners; their willingness to continue to take risks, to try new approaches, to build supportive and democratic relationships with those with whom they were working. In an earlier study of social workers working in local authority social services departments, Jones suggested that the manifestations of stress and unhappiness were 'various, serious and pervasive', with the greatest source of stress coming from above – from the agency – and not from the clients. (2001: 551). Whilst this picture of social work practice remains evident in Cree and Davis' research, there are also more hopeful accounts here of the positive value of social work to those giving and receiving services.

Recent reviews of social workers' roles and tasks have been conducted across the UK. In Scotland, *Changing Lives: the 21st Century Review of Social Work in Scotland* highlighted that social work needed to change because 'our lives are changing' (2006). Its final report noted that the lack of time available for social workers to develop therapeutic relationships with clients, yet social workers themselves valued this highly. The report described social service departments as 'risk-averse' in their decision-making, and social workers as 'overly-driven by processes' rather than outcomes. A similar evaluation in England, conducted by the Commission for Social Care Inspectorate, published its first report in December 2005, entitled *The State of Social Care in England, 2004-05*. This review stresses the positive difference which social care can make, but suggests that people want, most of all, independence, choice and control in their lives, and to be treated with dignity. It was followed up in

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2007 with a public consultation led by the General Social Care Council in England on the roles and tasks of social work, with the aim of defining 'a profession with service users at its heart, capable of meeting the challenges of 21st century society' (GSCC, 2007). The findings from this consultation present a largely positive picture of social work in England and define the social work profession as being committed to enabling every child and adult to fulfil their potential, working in partnership with them whenever possible and embodying values including equality and human rights. Wales has carried out its own review of social work, *Social Work in Wales: A Profession to Value* (ADSS Cymru, 2005), which asserts that it is not pay which is the driver in encouraging practitioners to remain in social work, but the culture of the organisation; this is therefore where improvement needs to take place. This is mirrored in the recent review of public administration in Northern Ireland, which anticipates a major overhaul of the way the workforce engages with other professionals and service users.

Key questions remain, however. Whilst there is little in any of the review reports that anyone could disagree with, where is the space for debate, for ambiguity and for different perspectives in this rather 'motherhood-and-apple-pie' picture with which we are presented? And what about the absences in the reports? The vision of social work in all the reports seems more concerned with the promise of concrete knowledge and evidence-based research than it is with the more messy world of ideas and theories. And on a more specific level, how achievable is the aim of 'personalised services' in a context of limited (and perhaps even declining) resources? How can social work contribute to community building while focusing on high risk/need cases? What additional resources are going to be needed, and for how long, if social work is to live up to its promises?

Conclusion

'We live in a society defined by risk, polarisation, global markets, chronic change and fragmentation' (Powell 2001: 14). Social work, situated as it is between the individual and society, inevitably reflects the wider society within which it is located (Cree 2002). It is therefore not surprising that social work in this late modern (postmodern?) age should be undergoing major change and reformation. But there is more to consider here. Social work demonstrates a compromise solution – a compromise between liberal ideas of freedom and personal autonomy and the need for the state to safeguard the functioning of society as a whole (Parton 1996). As this compromise solution is always being challenged and modified, so social work itself has a contingency about its being, its task and direction by no means self-evident (Cree 1995).

Looking ahead, it seems likely that we will see increasing convergence and diversity in the nature of social work across Europe and the United States. Global economic forces and information technologies mean that there will be increasing transfer of resources, personnel and information in the years ahead, leading to some standardisation of practices and systems. But at the same time, new alliances across Europe and the world as a whole suggest that there will continue to be different kinds of solutions to shared problems such as immigration and refugees, poverty and social exclusion, humanitarian disasters and wars. In 2001, Lymbery argued that social work in the UK was at the crossroads: it could either continue to fight to hold onto its nascent professional status, in the face of the encroachment of other professional groupings and the steady march of managerialism, or it could take a step back and try to recover its purpose and its expertise. Social work remains 'at the

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crossroads'. It has a strong tradition of working alongside people, valuing difference and showing concern for social justice and inequality. I believe that these are the aspects of social work that we must build on in the future, wherever social work is located.

Further reading

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Cree, V. and Myers, S. (2008) *Social Work. Making a Difference*, Bristol: Policy Press: explores social work across diverse settings through case studies.

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Total words 4848

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¹ The scale of change has been such that it has been necessary to make choices about what will be discussed in this chapter. In consequence, some issues have either had to be left out, or touched on only in passing. This says as much about the diverse and complex nature of social work as it does about my selection.

² See www.niassembly.gov.uk/

³ Two articles in the UN Convention have proved particularly influential to policy-makers, practitioners and researchers in the UK: Article 12, the right of children to express an opinion and to have that opinion taken into account, and Article 13, the right to information and freedom of expression. Both the 1989 Children Act in England and Wales and the Children (Scotland) Act of 1995 demonstrate this new concern for children's views being heard and being taken into account in social work and legal decision-making processes, as does the Children (Northern Ireland) Order 1995.

⁴ The Human Right Act 1998 makes it unlawful for a 'public authority' to behave in any way that is not compatible with the provisions of the European Convention on Human Rights. The 'public authority' includes all courts and tribunals, central and local government, the National Health Service and any organisation whose functions are of a public nature – likely to include voluntary and independent, as well as statutory, social work agencies.